Film G135 - cause of death.8-31-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07381

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location): Route 2 - Box 36 A

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Infant Bay Allen
4. DATE OF DEATH (Month) (Day) (Year): July 26 1951
5. SEX: Male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 7-26-51
9. AGE last birthday: yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Russell Owen Allen
14. MOTHER'S MAIDEN NAME: Margaret Marie Skinner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mother - Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Edematous baby. — 2 minutes

770.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Edematous

161 C (c) Specimen of Autopsy sent to Pathologist

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. made two gasps only. Evidence suggested Erythroblastosis (foetalis) 8-31-51 ams

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-26, 1951, to 7-26, 1951, that I last saw the deceased alive on 7-26, 1951, and that death occurred at 7.22 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): MD — ADDRESS: Easton Md — DATE SIGNED: 7-27-51

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF: 7/26/51 — NAME OF CEMETERY OR CREMATORY: Memorial Hospital — LOCATION (City, town, or county): Easton (State) Md
DATE REC'D BY LOCAL REG.: 7/26/51 — REGISTRAR'S SIGNATURE: N. H. Neerus — 24. FUNERAL DIRECTOR: Memorial Hospital — ADDRESS: Easton Md

2-0-7-26-1-36-9-404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

67382

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar Island, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mr. (Middle) George (Last) Bailey

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	Nov 15 1907	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Kentucky	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mr Harvey Bailey	Sarah Kennedy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	Unknown	Mrs Marian Bailey Easton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malignant nephrosclerosis - Uremia	?
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Hypertensive encephalopathy	10 days
	(c) Myocardial infarction	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8 June, 1957, to 10 July, 1957, that I last saw the deceased alive on 13 July, 1957, and that death occurred at 3:50 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm Ken Harrison	M.D.	Easton Maryland	13 July 57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 12 1957	St Stephens	Carbelle	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/11/57	N. H. Norris	Edward Fellows	Millington Md

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07383

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 3 days 13 hrs. 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethlehem
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Mrs. Edith (Middle) Sophia (Last) Brodes
4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Feb 7 1876
9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H-W H-W
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland Talbot Co.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Joseph Bryan
14. MOTHER'S MAIDEN NAME: Not Obtained

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Mr John E Brodes (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure (?)

443 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease (?)

93 d (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 July, 1951, to 13 July, 1951, that I last saw the deceased alive on 13 July, 1951, and that death occurred at 4 40 A. m., from the causes and on the date stated above.

SIGNATURE: Newton Harrison (Degree or title) M.D. ADDRESS: Easton Maryland DATE SIGNED: 13 July 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/15/51 — NAME OF CEMETERY OR CREMATORY: Linchester — LOCATION (City, town, or county): Preston (State): Md

DATE REC'D BY LOCAL REG.: 7/14/51 — REGISTRAR'S SIGNATURE: N. H. Neiree — 24. FUNERAL DIRECTOR: J. J. Frampton Son, Federalsburg Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07384

CERTIFICATE OF DEATH

Reg. Dist. No. 290

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) S. Harrison

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Chas	Jehu	Butler	July	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		May 4 1878	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attorney at Law	Lawyer	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William E. Butler	Sarah Bladen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs Charles L Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerosis	?
	(c)	

420.1
140

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 10, 1951, to July 10, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE W. N. Palmer M.D. (Degree or title) ADDRESS Easton Md DATE SIGNED 7-12-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	July 13 1951	Spring Hill	Easton	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/11/51	N. A. Norris	[illegible]	Easton Md

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JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07385

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 3yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Myrtle (Middle) L. (Last) Chesnum

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Dec 3, 1903

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10b. KIND OF BUSINESS OR INDUSTRY: Drug Board

11. BIRTHPLACE (State or foreign country): Talbot Md

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Charles M. Chesnum

14. MOTHER'S MAIDEN NAME: Grace M. Harvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-03-3139

17. INFORMANT AND ADDRESS: M. Chas. M. Chesnum.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Myocardial Infarction	2 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary occlusion	2 days
93d (c)	arteriosclerotic Heart Disease	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 1948, to 7/5/57, 19 57, that I last saw the deceased alive on 7/1/57, 19 57, and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL / CREMATION / REMOVAL (Specify) | DATE THEREOF July 7, 1957 | NAME OF CEMETERY OR CREMATORY Odd Fellows Dec | LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 7/6/57 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR [signature] | ADDRESS Easton Md.

340 416

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JUL 12 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Royal Oak — LENGTH OF STAY (in this place) —	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 18 Glenwood Ave.

3. NAME OF DECEASED (Type or Print)	(First) Henry	(Middle) Chester	(Last) Cohee	4. DATE OF DEATH	(Month) July (Day) 18 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9/5/1896	9. AGE last birthday 54 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Caroline County Md.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Wm Cohee	14. MOTHER'S MAIDEN NAME Harlie Griffith				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ✓	17. INFORMANT AND ADDRESS Mrs Gilbert Lane, Preston - Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Immed.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

42 1

14a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from PM, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lain Whitty MD	D ME	Easton Md	7-19-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF July 21, 1951	NAME OF CEMETERY OR CREMATORY Spring Hill	LOCATION (City, town, or county) Easton	(State) Md
DATE REC'D BY LOCAL REG. 7/19/51	REGISTRAR'S SIGNATURE N. H. Norris	24. FUNERAL DIRECTOR [illegible]	ADDRESS Easton Md	

54 W

RECEIVED
JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0738 Reg. Dist. No. 241

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels; LENGTH OF STAY (in this place) 40 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lucindie (Middle) (Last) Crosley

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH:

9. AGE: Last birthday 60 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Private Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: James Crosley

14. MOTHER'S MAIDEN NAME: Mildred

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Aubrey Crosley 605 So. Fremont Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis

(c) Poor living conditions, improper food, exposure

INTERVAL BETWEEN ONSET AND DEATH: (a) (b) Unknown (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): No

(CITY OR TOWN): None (COUNTY): None (STATE): none

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1951 to July 15, 1951 that I last saw the deceased alive on July 13, 1951 and that death occurred at 3 a.m. m., from the causes and on the date stated above.

SIGNATURE: Philip D. Lewis (Degree or title) M.D. ADDRESS St. Michaels, Md DATE SIGNED 7.17.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/18/51

NAME OF CEMETERY OR CREMATORY: St. Michaels Colored

LOCATION (City, town, or county) (State): St. Michaels Talbot - Md.

DATE REC'D BY LOCAL REG.: July 18/51

REGISTRAR'S SIGNATURE: Mrs Robt. K. Seth

24. FUNERAL DIRECTOR: Norman D Marshall ADDRESS: St. Michaels Md.

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JUL 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

07388

1. PLACE OF DEATH: COUNTY Talbot Co — Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY D. Orchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge, Md
STREET ADDRESS (If rural, give location) 202 Race St. Cambridge, Md

3. NAME OF DECEASED (Type or Print) (First) Mrs Sallie (Middle) Elliott (Last)
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1951
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Nov 24, 1879
9. AGE last birthday 71 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY USB
13. FATHER'S NAME Mr. Edward Vickers
14. MOTHER'S MAIDEN NAME Emma Kennamay
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mr. Russell Elliott 211 Md ave Cambridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart failure	1 day
181X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the bladder	16 mos
52b	(c) Hemorrhages from bladder - metasteses in liver	4 month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 19, 1951
19b. MAJOR FINDINGS OF OPERATION tumor of bladder - reported malignant by pathologist
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — COUNTY — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 7/4/51, 19....., that I last saw the deceased alive on July 4, 1951, and that death occurred at 6P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John F. Schneider, M.D. — ADDRESS — DATE SIGNED July 5, '51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 7/6/51 — NAME OF CEMETERY OR CREMATORY Cambridge — LOCATION (City, town, or county) Cambridge (State)

DATE REC'D BY LOCAL REG. 7/5/51 — REGISTRAR'S SIGNATURE N. H. Nevius — 24. FUNERAL DIRECTOR Kenneth R. Thomas — ADDRESS Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1951
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if is especially important. Physicians: Please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 12 hrs 7 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND — COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Hallowell
4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Newborn
8. DATE OF BIRTH: July 19 1951
9. AGE last birthday yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 12 / Min. 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Easton Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Glenn Thomas Hallowell
14. MOTHER'S MAIDEN NAME: Charlene Heonard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mother - Easton, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Anomaly of Heart — Interval between onset and death: 12 hrs

754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
157 e
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1951, to July 19, 1951, that I last saw the deceased alive on July 19, 1951, and that death occurred at 4:18 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M Cox M.D. Easton Md 7/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/20/51
NAME OF CEMETERY OR CREMATORY: Spring Hill
LOCATION (City, town, or county) (State): Easton Md

DATE RECD BY LOCAL REG.: 7/19/51
REGISTRAR'S SIGNATURE: M.H. Nelms
24. FUNERAL DIRECTOR: [illegible]
ADDRESS: Easton Md

Items 11,13,17, Film G134 7/18/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 29-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15A

1. PLACE OF DEATH: COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Knapps Narrows

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Texas — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lubbock
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Patrick	O'Brien	Harris Jr.		July	2	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	June 5, 1929	22 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Beacon tender	U.S. Coast Guard	Lubbock Texas	USA

13. FATHER'S NAME: Patrick O Harris
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Thomas Wallace, Tilghman, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

929.8
183

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Knapps Narrows	nr Tilghman	Talbot	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work	Not while at work	HOW DID INJURY OCCUR?
7	2	51	9:15A	xx		drowned swimming for boat

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection xx, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes __, accident x, suicide __, homicide __, undetermined __.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Kane Watts	M.D.D.M.E.	Easton Md.	7-2-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7/2/51		

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/2/51	N.A. Nevius	J. Leeds Moore	Tilghman

RECEIVED
JUL 6 1951
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07391

CERTIFICATE OF DEATH

Reg. Dist. No. 79V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman, STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) T (Last) Harrison

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Apr 19 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Sea Food

11. BIRTHPLACE (State or foreign country): Bozman

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Harrison

14. MOTHER'S MAIDEN NAME: Sarah H Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Nelson Kelly, Bozman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Disease (Arteriosclerotic)	Several
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Generalized Arteriosclerosis	years
	(c) Arteriosclerotic Nephritis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophied Prostate

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work / Not While at Work; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1951, to July 12, 1951 that I last saw the deceased alive on July 11, 1951 and that death occurred at 3 p m., from the causes and on the date stated above.

SIGNATURE: Philip B. Sewrs (Degree or title) M.D, ADDRESS: St. Michaels, Md DATE SIGNED: 7.13.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July 14 1951; NAME OF CEMETERY OR CREMATORY: Church Cemetery; LOCATION (City, town, or county) (State): Bozman, Md

DATE REC'D BY LOCAL REG.: July 13, 1951; REGISTRAR'S SIGNATURE: Mrs Robert B Kelly

24. FUNERAL DIRECTOR: Newnam & Harrison; ADDRESS: St. Michaels, Md.

RECEIVED
JUL 16 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07392

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) (Last) Jarrell
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 2/6/66
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HW
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME John Wesley Todd
14. MOTHER'S MAIDEN NAME Lydia Patton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT AND ADDRESS Mr Edward Jarrell (Same address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive cardio-vascular disease	?
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (a) Cardiac failure	?
13d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1950, to 31 July, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Damian M.D. ADDRESS Carlton Maryland DATE SIGNED 31 July 51

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF 8/2/51
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) Greensboro (State) Md.

DATE REC'D BY LOCAL REG. 8/1/51
REGISTRAR'S SIGNATURE N.H. Nevius
24. FUNERAL DIRECTOR R.B. Rawlings ADDRESS Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md. LENGTH OF STAY (In this place) 31 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Olive (Middle) (Last) Jones.

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1951

5. SEX: Fe. | 6. COLOR OR RACE: Black. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Aug 3 1885 | 9. AGE last birthday: 65 Yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Obtained | 14. MOTHER'S MAIDEN NAME: Not Obtained

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: Unknown | 17. INFORMANT AND ADDRESS: Maurice F. Jones (Husband) Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular disease — 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral accident — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1951, to July 30, 1951, that I last saw the deceased alive on July 29, 1951, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thurston Harrison M.D. Easton Md 31 July 51

23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | Aug 3 1951 | Colored Cemetery | St. Michaels Md.

DATE REC'D BY LOCAL REG. 7/31/51 | REGISTRAR'S SIGNATURE M.A. Harris | 24. FUNERAL DIRECTOR / ADDRESS Newnam & Harrison St. Michaels Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07394

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Maryland
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale, Maryland
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Amelia (Middle) — (Last) Kraft
4. DATE OF DEATH (Month) July (Day) 14 (Year) 1957
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr Godfrey Beyer
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Theodore Kraft Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94 (c)

INTERVAL BETWEEN ONSET AND DEATH Cy

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1948, to 14 July, 1951, that I last saw the deceased alive on 13 July, 1951, and that death occurred at 8.25 A.m., from the causes and on the date stated above.

SIGNATURE Thomas Harrison (Degree or title) ADDRESS Easton Maryland DATE SIGNED 18 July 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/17/1951
NAME OF CEMETERY OR CREMATORY East New Market
LOCATION (City, town, or county) East New Market (State) Dor. Md

DATE REC'D BY LOCAL REG. 7/15/51
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR A. B. Willoughby ADDRESS East New Market Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 31 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07395

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) LEWIS.

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1951

5. SEX M.

6. COLOR OR RACE B.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single, n.g.

8. DATE OF BIRTH

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Easton Hosp. Easton Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ?

14. MOTHER'S MAIDEN NAME Lottie Mae Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Lottie Mae Lewis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH 3 hrs

Immediate cause (a) Prematurity

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c) Born 5.28 am Birthcast 1 lb 1 oz

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-30, 1951, to 7-30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 8.32 A.m., from the causes and on the date stated above.

SIGNATURE M. F. Buell (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 7-31-51

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 7/30/51

NAME OF CEMETERY OR CREMATORY Memorial Hospital

LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 7/30/51

REGISTRAR'S SIGNATURE N. H. Norris

24. FUNERAL DIRECTOR Memorial Hospital ADDRESS Easton Md

207 194200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Louise (Last) Lewis.
4. DATE OF DEATH (Month) July (Day) 23 (Year) 1951
5. SEX Female.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 30 1896
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N.W.
10b. KIND OF BUSINESS OR INDUSTRY Home
11. PLACE (State or foreign country) Md (Stevensville)
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr Henry Echstorm
14. MOTHER'S MAIDEN NAME Mary Bendert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown no
17. INFORMANT AND ADDRESS Mr Alfred Lewis Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH yrs.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1946, to 7-23, 1951, that I last saw the deceased alive on 7-22, 1951, and that death occurred at 4:45 A m., from the causes and on the date stated above.

SIGNATURE Martin F Buell (Degree or title) Cert ADDRESS Easton Ex DATE SIGNED 7-23-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 25, 1951
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REG. 7/24/51
REGISTRAR'S SIGNATURE N.H. Nevins
24. FUNERAL DIRECTOR Maurice E. Newman & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 31 1951
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A-11

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford; LENGTH OF STAY (in this place) All of life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John; (Middle) Cox; (Last) Loscomb

4. DATE OF DEATH: (Month) Apr. (Day) 31 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 3 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Own business

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John William Loscomb

14. MOTHER'S MAIDEN NAME: Mary Baynard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Elmer C. Loscomb - Oxford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARDIAC DECOMPENSATION — Interval Between Onset and Death: 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIO SCLEROSIS — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: July 24

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1949, to July 24, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 7:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. F. Lawson MD — ADDRESS: Oxford — DATE SIGNED: July 31, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 3, 1951 — NAME OF CEMETERY OR CREMATORY: Oxford — LOCATION (City, town, or county) (State): Oxford Md

DATE REC'D BY LOCAL REG.: 8/1/51 — REGISTRAR'S SIGNATURE: D. A. Nevins

24. FUNERAL DIRECTOR — ADDRESS: Maurice F. Newnam & Son, Easton, Md

RECEIVED
AUG 6 19
BUREAU

Items 8,9. Filmed 135 9/4/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The ... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS 24 Thorogood St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Percy (Last) Morris

4. DATE OF DEATH: (Month) Jul (Day) 1 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Feb 1 18[illegible]

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Queen Anne, Md

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Charles Wesley Morris

14. MOTHER'S MAIDEN NAME: Sadie Travers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.: 216 037505

17. INFORMANT AND ADDRESS: Mrs. Margaret Cornish, Cambridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Justo Interstinal Hemorrhage — Interval between onset and death: 10 min.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — 541.0

(c) Cerebral Palsy — 72 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24 1949, to 7-1 1951, that I last saw the deceased alive on 6-29 1951, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

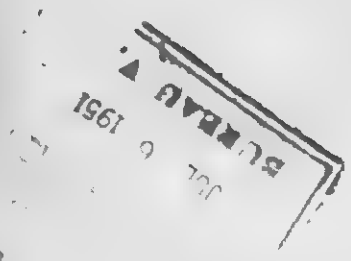
Edw. J. Buell M.D. Easton Md. 7-2-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

7/3/1951 | Richards | Easton Md

DATE REC'D BY LOCAL REG. 7/2/51 | REGISTRAR'S SIGNATURE N. H. Pearce | FUNERAL DIRECTOR Sears & Vennig | ADDRESS Cambridge Md

vs. A15


BUREAU
1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07391

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Maryland. | LENGTH OF STAY (in this place) 9 hrs. 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alfred.	Clayton	Roe	July	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		9/25/76	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm tenant	Retired Farmer	Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Clayton Roe	Ellen Duke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	Unknown	Mrs Carrie Roe, Address Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Apoplexy	12 hrs
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerosis, generalized	?
(c)		

334 X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from 7/22/51, 19..., to 7/27/51, 19..., that I last saw the deceased alive on 7/27/51, 19..., and that death occurred at 9:20 a.m., from the causes and on the date stated above.

SIGNATURE: M Cox (Degree or title) M.D. ADDRESS: Easton 2nd DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 29/51	Denton	Denton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/26/51	H.H. Nevins	J. Paget Moore & Son	

RECEIVED
AUG 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07400

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 30 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Roop
4. DATE OF DEATH (Month) July (Day) 28 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 28, 1951
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Clarence Edward Roop
14. MOTHER'S MAIDEN NAME Claire Cleen Sewell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Denton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity, 24 weeks gestation

7n1 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1951, to July 28, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

SIGNATURE J. Tyler Baker (Degree or title) ADDRESS Easton DATE SIGNED 7-30-51

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 7-28-51
NAME OF CEMETERY OR CREMATORY Memorial Hospital
LOCATION (City, town, or county) (State) Easton, Md.
DATE REC'D BY LOCAL REG. 7/28/51
REGISTRAR'S SIGNATURE N. H. Nevius
24. FUNERAL DIRECTOR Memorial Hospital ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

312260

RECEIVED
AUG 6 1951
BUREAU V. S.

Item 6 FilmG134 7/23/51 w.w.

07401

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgley
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Alfred (Last) Roy
4. DATE OF DEATH (Month) July (Day) 10 (Year) 1951
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH June 15 1895
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HW
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Preston Griffin
14. MOTHER'S MAIDEN NAME Henrietta Sparks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. unknown
17. INFORMANT AND ADDRESS Carrie Sampson (Ridgely Md)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Thrombosis [illegible]

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

93d (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24, 1951, to 1-13, 1951, that I last saw the deceased alive on 7-4, 1951, and that death occurred at 3:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/13/51
NAME OF CEMETERY OR CREMATORY West Dayton
LOCATION (City, town, or county) West Dayton, Md. (State)
DATE REC'D BY LOCAL REG. 7/11/51
REGISTRAR'S SIGNATURE N. H. Norris
24. FUNERAL DIRECTOR Raymond B. Rawlings
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 29

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norfolk
STREET ADDRESS (If rural, give location) 940 Bank Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Douglas (Last) Ruffer

4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 1951

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S

8. DATE OF BIRTH 1918

9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Canning

11. BIRTHPLACE (State or foreign country) Matthews Co. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Douglas Ruffer

14. MOTHER'S MAIDEN NAME Julian Risby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 228-20-1284 & 230-18-8224

17. INFORMANT Huntley Risby McCulloch 1723 St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple abrasions and contusions

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Internal hemorrhage due to rupture of liver & right kidney

(c) Fracture of ribs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Found near Easton (COUNTY) Talbot (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 28-51 (Year) 10:P.m. (Hour)

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Not known

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Assistant Medical Examiner

ADDRESS 700 Fleet St.-Balto. 2, Md.

DATE SIGNED July 30, 1951

23. BURIAL, CREMATION REMOVAL (Specify) 8/3/51

DATE THEREOF Burial

NAME OF CEMETERY OR CREMATORY Matthews Co. Va.

LOCATION (City, town, or county) Matthews Co. Va. (State)

DATE REC'D BY LOCAL REG. 8/3/51

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Geo. H. Kelson

ADDRESS 1303 Presstman

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Washington St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): META THARP STEVENS
4. DATE OF DEATH (Month) (Day) (Year): July 9 1951
5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 26, 1887
9. AGE last birthday: 63 yrs. If under 1 year: Months 7 Days 13 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Easton Talbot Co. Md.
11. BIRTHPLACE (State or foreign country): Easton Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alfred L. Tharp
14. MOTHER'S MAIDEN NAME: Emily Goldenborough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: James Stevens Easton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of [illegible] c [illegible]

135X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

46 + (c)

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 1950
19b. MAJOR FINDINGS OF OPERATION: [illegible]
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: July 11/51
NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery
LOCATION (City, town, or county) (State): Easton Talbot Co. Md.
DATE REC'D BY LOCAL REG.: 7/10/51
REGISTRAR'S SIGNATURE: N. H. Neeves
24. FUNERAL DIRECTOR: Earl W. Stafford
ADDRESS: Easton, Md.

RECEIVED
JUL 23 1951
BUREAU V. S.

07404

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH — COUNTY: TALBOT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ST. MICHAELS — LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: "WATKINS FARM"

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ST. MICHAELS
STREET ADDRESS (If rural, give location): "WATKINS FARM"

3. NAME OF DECEASED (Type or Print) (First) CLIFTON (Middle) CAULK (Last) SWANHAUS
4. DATE OF DEATH (Month) 7 (Day) 12 (Year) 1951
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: about 1895
9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: HOME CONSTRUCTION
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Herman Swanhaus
14. MOTHER'S MAIDEN NAME: Lizetta Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 217-01-9348
17. INFORMANT AND ADDRESS: Edna Swanhaus - St. Michaels, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARDIAC DECOMPENSATION & FAILURE — 24 hours

154X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MALNUTRITION AND CACHEXIA — 2 mos.

(c) CARCINOMA : RECTUM AND COLON & metastases — 15 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 6 APR 1950
19b. MAJOR FINDINGS OF OPERATION: See # I-c above — CARCINOMA WAS NOT REMOVED COMPLETELY
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from APRIL, 1948, to July 12, 1951, that I last saw the deceased alive on July 11, 1951, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arthur V. Michaelis [illegible] — ADDRESS: ST. MICHAELS, MARYLAND — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: — NAME OF CEMETERY OR CREMATORY: Olivet Cemetery — LOCATION (City, town, or county) (State): St. Michaels - Talbot - Md.

DATE REC'D BY LOCAL REG.: July 13, 51 — REGISTRAR'S SIGNATURE: Mrs Walter L. Salk

24. FUNERAL DIRECTOR: Norman D. Marshall — ADDRESS: St. Michaels, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07405

CERTIFICATE OF DEATH

Reg. Dist. No. 294

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt DANIEL; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt DANIEL; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) F R. (Last) TROTT

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 16, 1869

9. AGE last birthday: 81 yrs. If under 1 year: Months 10; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot County - Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cooper

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No.

17. INFORMANT AND ADDRESS: Miriam Palmer St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Uremia — Interval Between Onset and Death: Several yrs

446X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Nephritis

1310 (c) General Atheromatosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ////////// PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ////////// (CITY OR TOWN): ////////// (COUNTY): ////// (STATE): //////

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ////////// INJURY OCCURRED While at Work / Not While At Work: ////////// HOW DID INJURY OCCUR? //////////

22. I hereby certify that I attended the deceased from July 14, 1951, to July 17, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE: Philip R Lewis (Degree or title) M.D. ADDRESS St. Michaels, Md DATE SIGNED 7.19.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/20/51 | NAME OF CEMETERY OR CREMATORY: Claiborne | LOCATION (City, town, or county) (State): Claiborne Md.

DATE REC'D BY LOCAL REG.: July 19 | REGISTRAR'S SIGNATURE: G. Wesley Sewell.

24. FUNERAL DIRECTOR: Norman D. Marshall ADDRESS: St. Michaels, Md.

RECEIVED
JUL 25 1951
BUREAU V. S.

07406

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot Co — MARYLAND: Easton Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Baby boy tyler
4. DATE OF DEATH (Month) (Day) (Year): July 18 1951
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: July 15 1951
9. AGE last birthday: 3 days yrs. — If under 1 year: Months / Days 3 days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Easton Mem Hosp (Easton Md)
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Mr Travis Tyler
14. MOTHER'S MAIDEN NAME: Mabel Pauline Duke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mabel P. Tyler, Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

763.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aspiration pneumonia

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5 34 PM m., from the causes and on the date stated above.

SIGNATURE: J. Tyler Baker — (Degree or title): M.D. — ADDRESS: Easton — DATE SIGNED: 7-24-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 19, 1951 — NAME OF CEMETERY OR CREMATORY: Denton — LOCATION (City, town, or county) (State): Denton, Maryland

DATE REC'D BY LOCAL REG.: 7/18/51 — REGISTRAR'S SIGNATURE: N. H. Neerius — 24. FUNERAL DIRECTOR: J. Virgil Morrison — ADDRESS: Denton, Md

20715122 1402

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 31 1951
BUREAU V. M.